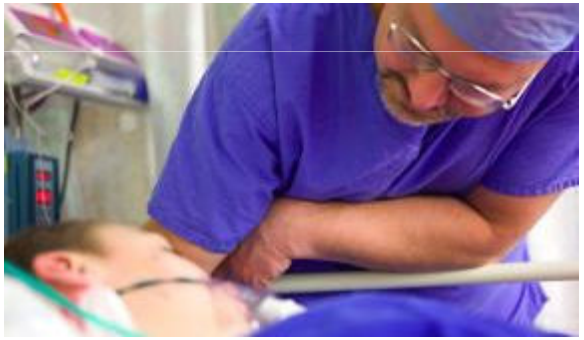
Haringey GP Services Report

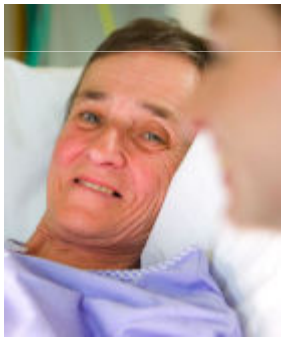


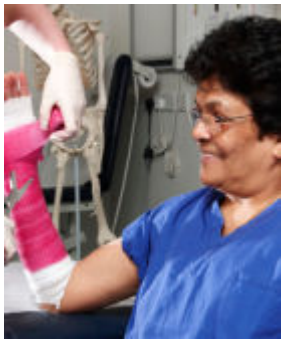
September 2014

THE NHS CONSTITUTION
the NHS belongs to us all

Section 1.1

General Information and Background for GP Services





1.1

Current Challenges in GP Services

- Changes in patient expectation and demographics, including an increasingly large number of elderly have driven demand. The response of the NHS has usually been to expand capacity rather than address demand management. There are significant challenges to be met. There are undoubtedly increasing demands on the system. Patient satisfaction is falling
- Outdated and under-utilised infrastructure (Premises, IT, Telephony)
- There has been a 75% increase in demand for GP consultations between 1995-2009 (Kings Fund 2013) and ONS reports a 40% increase in work-load for GPs now compared with 1998
- People can't use what they can't access and will use other parts of the care system e.g. A&E, WiC, LAS or they don't access care at all and conditions worsen/go unnoticed

GP Commissioning - Contracts

Type	Description	Hours	Funding
GMS	A national contract to deliver core services (routine and urgent) to meet the reasonable needs of patients	8am to 6:30 pm (plus extended hours)	Capitation Enhanced Services Local incentives QOF
PMS	Local contract to deliver routine and urgent care services with locally KPI's /standards	Locally defined:	Capitation (with premium for KPI's/standards) Enhanced Services Local incentives QOF
APMS	Local fixed term contract to provide routine and urgent care services with defined KPI's and standards	Locally defined	Capitation (with premium for KPI's/standards) Enhanced Services Local incentives QOF

Performance Monitoring

- Primary care commissioning managers also work closely with colleagues in the medical directorate who are responsible for monitoring the clinical and professional standards of GP's. This is to ensure that information is shared and reviews/investigations are coordinated.Performance is monitored against 4 domains:
- Clinical outcomes
- Patient Experience
- Governance
- Quality and Safety

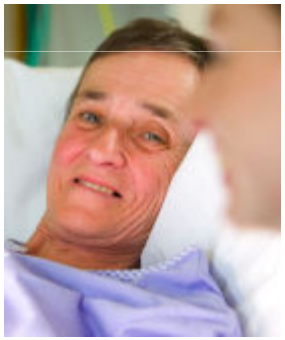
Information Sources

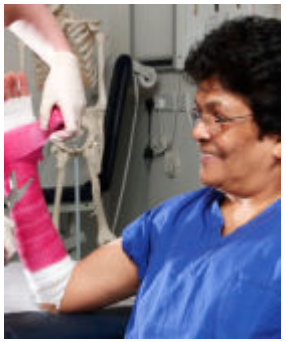
A variety of information sources are available to assess performance against the domains and to identify areas of risk and possible performance concerns. This includes:

- High Level Performance Indicators (HPLI's)
- GP Outcome Standards (GPOS)
- Patient Survey Results
- CQC Inspection Reports
- Practice Declarations
- NHS England Audits

Section 1.2

Access





Access- Contractual Requirements

- The financial construct of the GP contract (known as the Carr Hill formula) allows for a figure of 72 appointments for 1000 patients per week as the benchmark although this is not stipulated in the majority of GP contracts
- The nature of the national (GMS) contract is such that commissioners do not:
  - specify how many appointments should be made available each week
  - define the scheduling of appointment slots (e.g. 10 minutes, 12 or 15 minutes)
  - specify the skill mix a practice should offer for the clinical staff engaged in delivering services
  - define the consulting hours to be operated by a practice
  - define the method by which the practice ensures access to services
  - have access to GP clinical systems to know the number of appointments offered.

Current Capacity Planning

- Carr-Hill funding formula identified benchmark for access as 72 appointments per 1000 patients for practices
- National guidance on appropriate floor-space to list size ratios
- Focus on utilisation of floor-space and clinical rooms
- Planning assume 60% utilisation of clinical rooms in new developments
- Extended hours funding available nationally with high uptake locally
- CCGs can commission “surge plans” from GPs to boost access

Capacity Planning Issues

- There is evidence of significant list inflation in practice list sizes – this can impact practices' ability to plan
- Significant list turnover impacts both list inflation and capacity
- Lack of property options for practices seeking to relocate and expand
- Practice income is dependent on incremental list growth which impacts on marginal costs (staff and service costs) and creates financial risks for practices wanting to grow.

Access is more than making appointments…

There is significant access by

- telephone
- home visiting and
- newer technologies.

It is also important to see access in the context of a range of pressures on practices that include:

- Rising prevalence of chronic disease
- Clinical commissioning responsibilities
- Work-force pressures and constrained funding growth
- Earlier discharges from hospital into the community with increased complexity
- Shift of care closer to home
- Rising patient expectation

Going forward…

- “7 day a week” pilots to be implemented during 2014
- National contracts inflexible; local contracts not necessarily so
- Improved utilisation of physical assets (premises) through longer opening
- Use of technology to improve access
- Improved skill mix to offer greater clinical capacity
- Practices will be encouraged to co-operate and collaborate to create improved economies of scale for themselves, e.g. joint back-room activities or provision of urgent care. Federations to deliver wider access
- Must make better use of Community Pharmacy - widely available 7 days a week and nationally see over 1.4 million people a day
- Emerging 5 year strategies have access and transformation as priorities
- NHS England currently scoping and costing a “4 hour access” for GP services across London

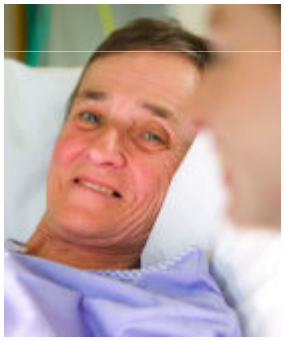
How poor accessibility impacts on other parts of the health system

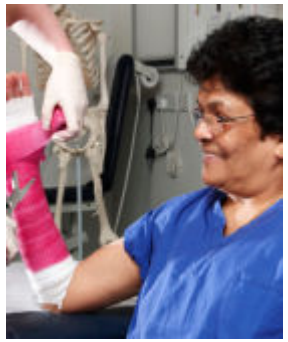
People can't use what they can't access and…

- use other parts of the care system e.g. A&E, WiC, LAS
- don't access care at all and conditions worsen/go unnoticed
- may consequently need more expensive or more invasive intervention
- become marginalised because they can't access services
- talk to their friends and family and bad news spreads… fast.

… but impact is not necessarily easy to assess or quantify

Section 2
Performance

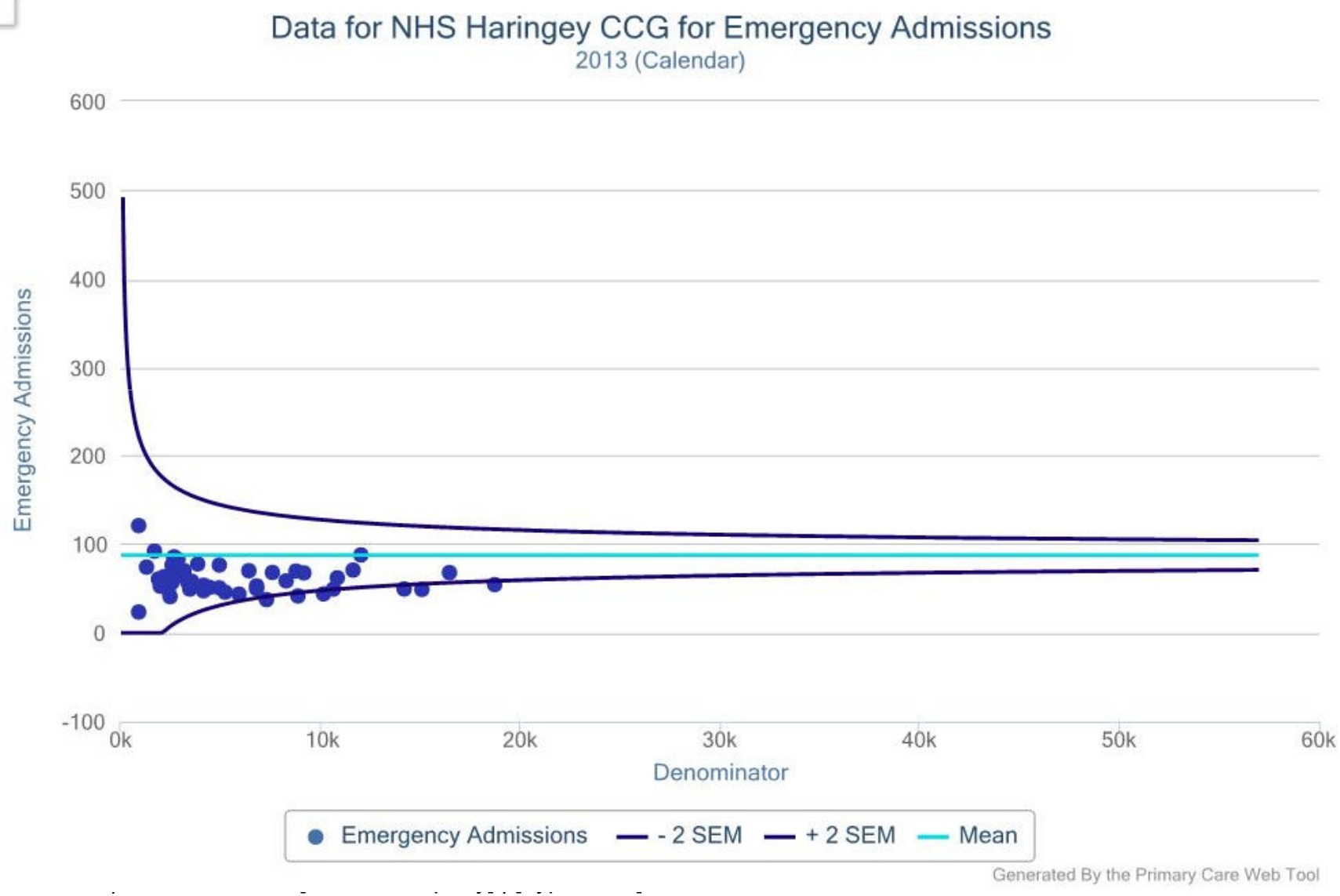


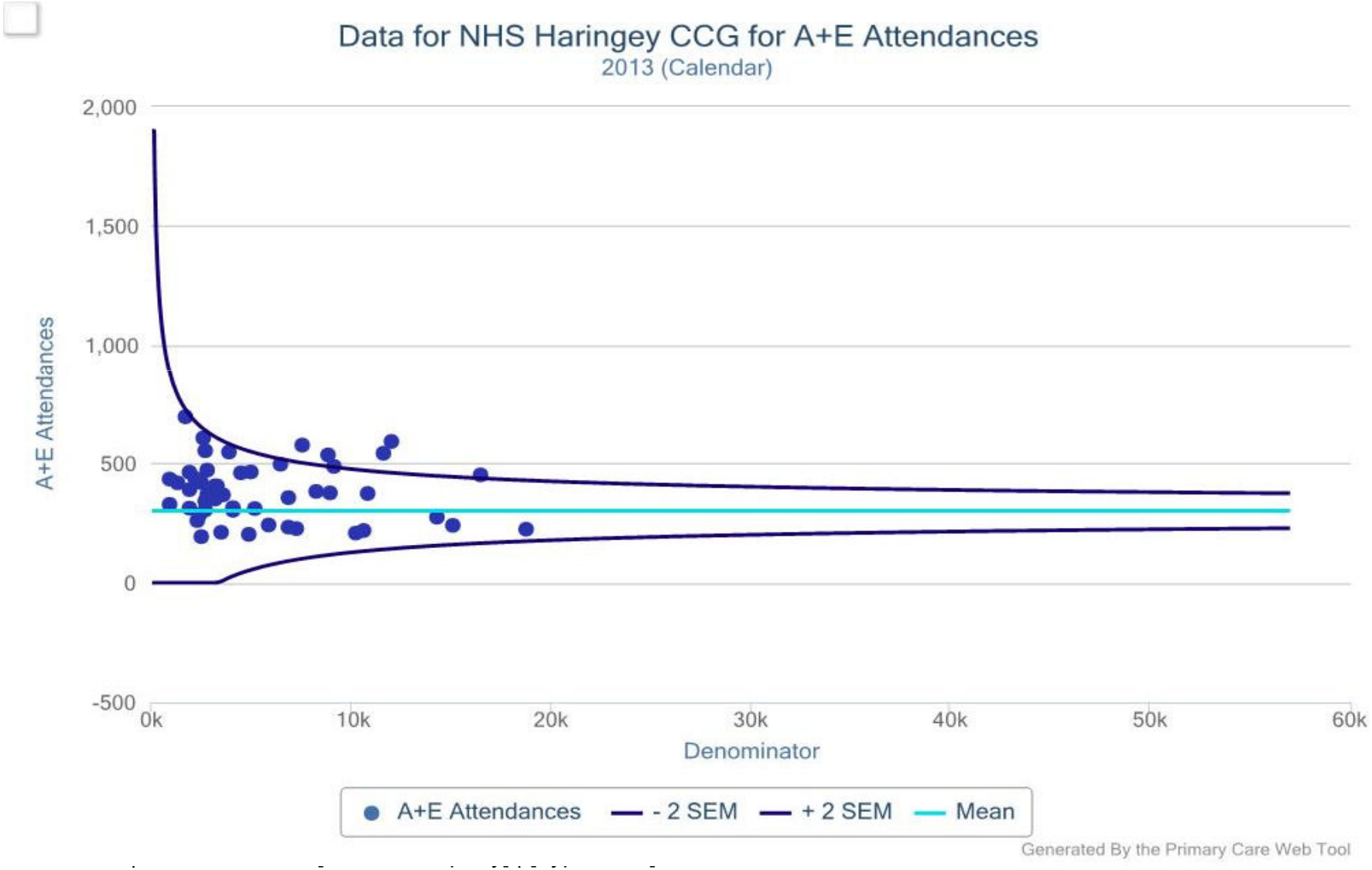


GP Performance in Haringey

- There are 11 practices who are an outliers against 6 or more HPLI's, most of these are in the east of Borough
- 54 % of practices in Borough are identified as requiring a review against national OS (compared to an NCEL average of 38%)
- Patient Satisfaction is poor with 34% of practices identified as either Red or Black against national norms (more than 1 or 2 SD's from national mean)
- 37% of practices are single-handed and of these 34% are at risk of the GP retiring over the next 10 years

GPHI Data


Data for NHS Haringey CCG for Emergency Admissions
2013 (Calendar)
Emergency Admissions
600
500
400
300
200
100
0
-100
0k
10k
20k
30k
40k
50k
60k
Denominator
Emergency Admissions
- 2 SEM
+ 2 SEM
Mean
Generated By the Primary Care Web Tool


Data for NHS Haringey CCG for A+E Attendances
2013 (Calendar)
2,000
1,500
1,000
500
0
-500
A+E Attendances
0k
10k
20k
30k
40k
50k
60k
Denominator
A+E Attendances
- 2 SEM
+ 2 SEM
Mean
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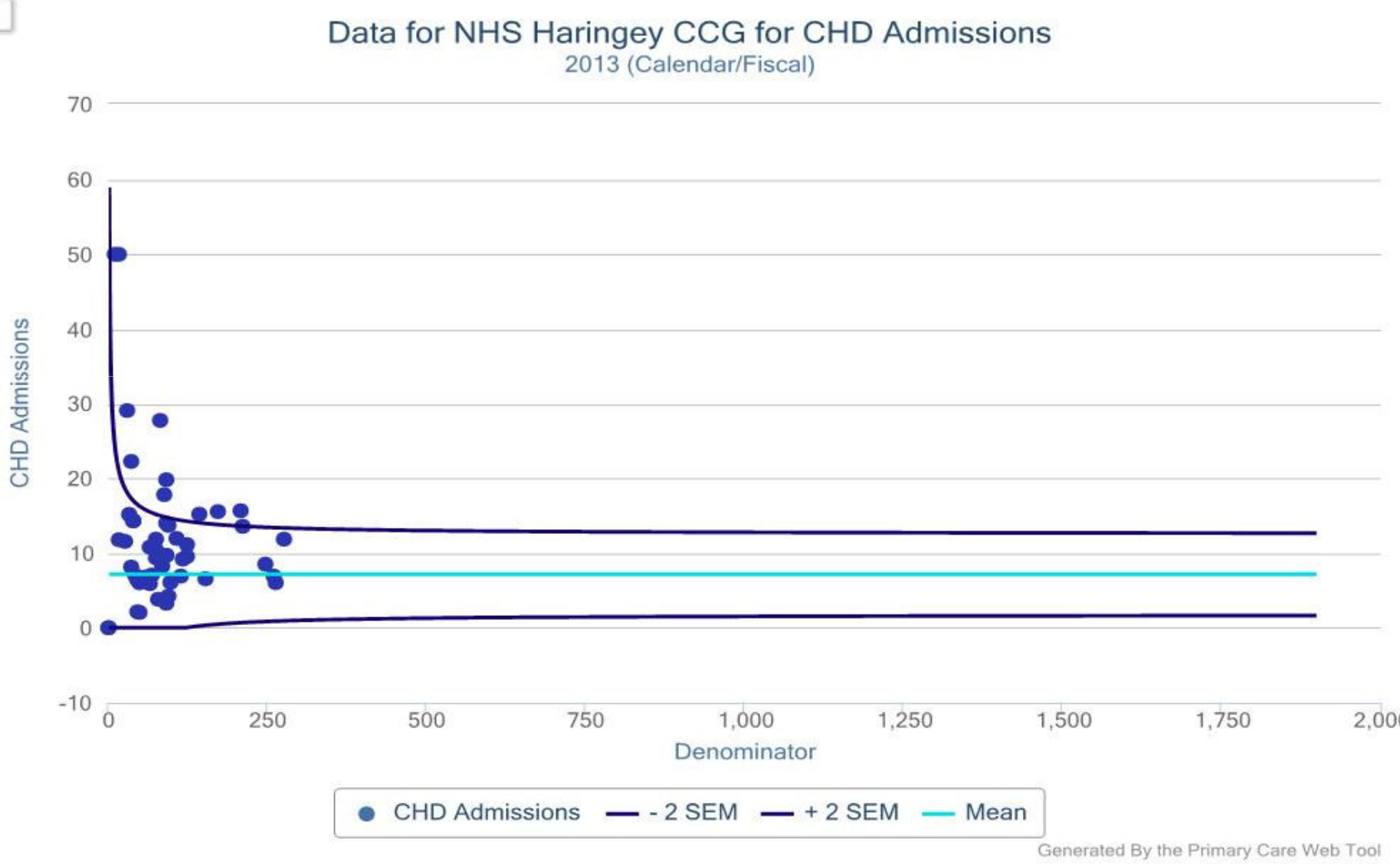
Data for NHS Haringey CCG for CHD Admissions
2013 (Calendar/Fiscal)
CHD Admissions
70
60
50
40
30
20
10
0
-10
0
250
500
750
1,000
1,250
1,500
1,750
Denominator
CHD Admissions
- 2 SEM
+ 2 SEM
Mean
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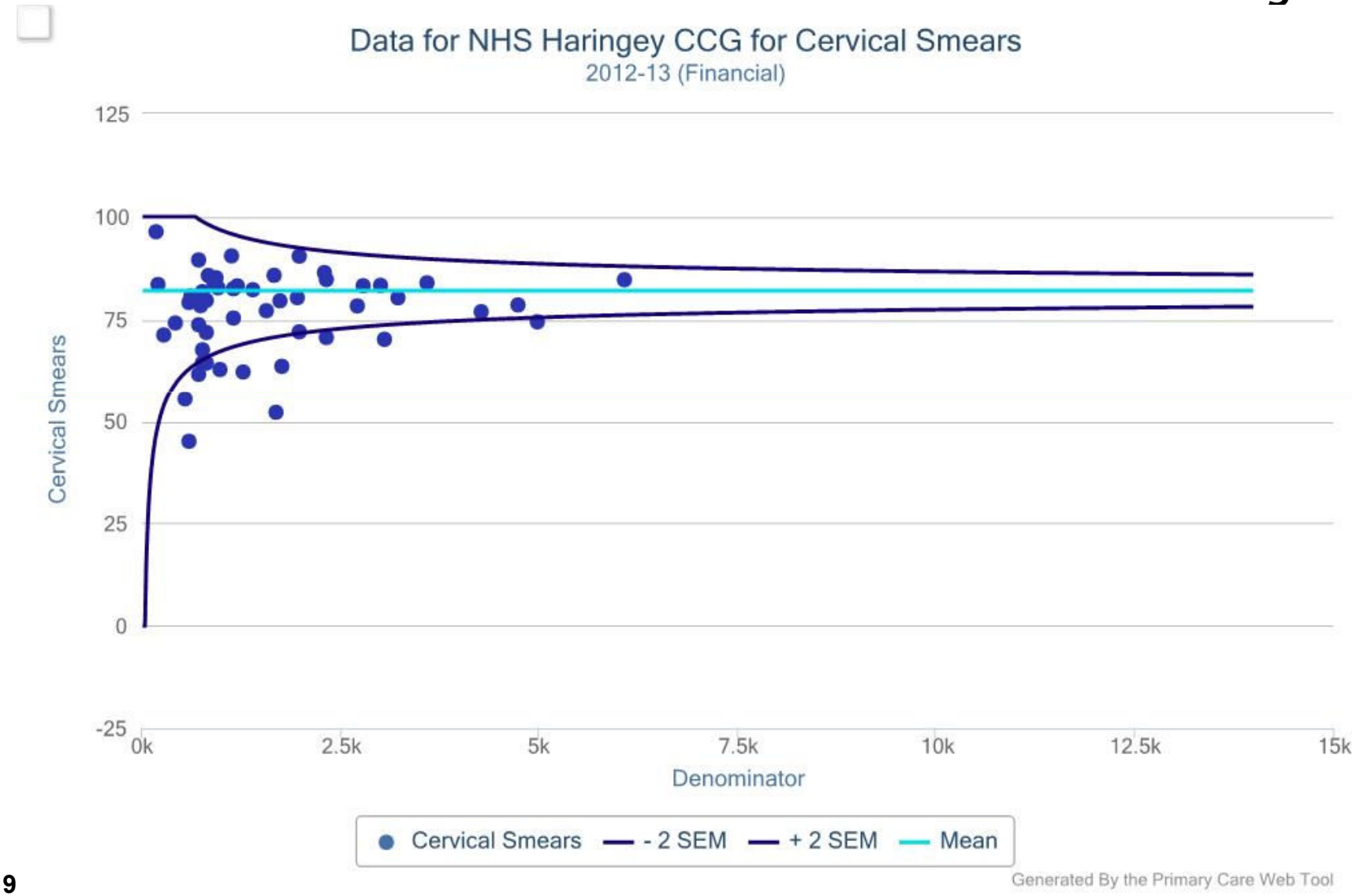
Data for NHS Haringey CCG for Cervical Smears
2012-13 (Financial)
125
100
75
50
25
0
-25
Cervical Smears
0k
2.5k
5k
7.5k
10k
12.5k
15k
Denominator
Cervical Smears
- 2 SEM
+ 2 SEM
Mean
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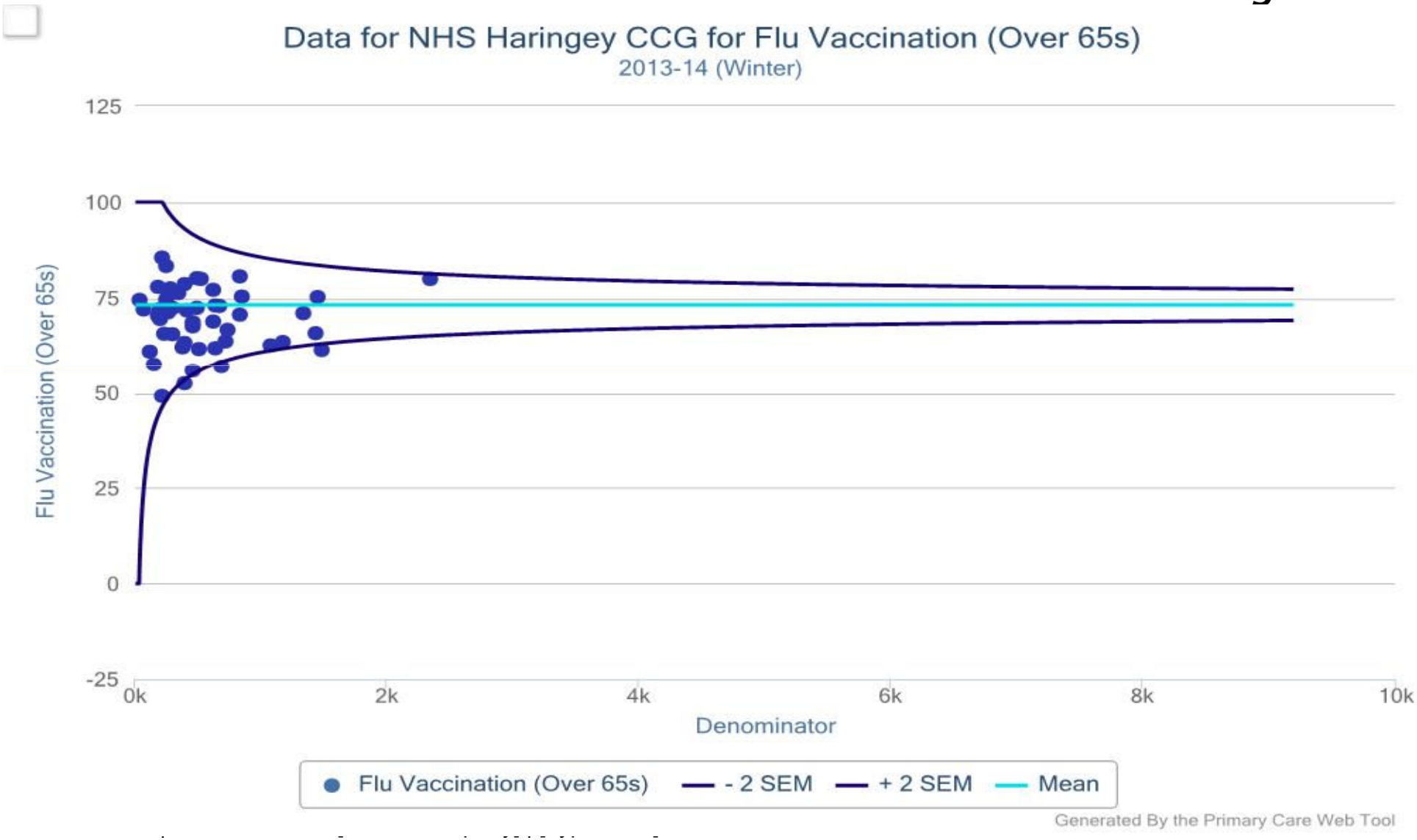
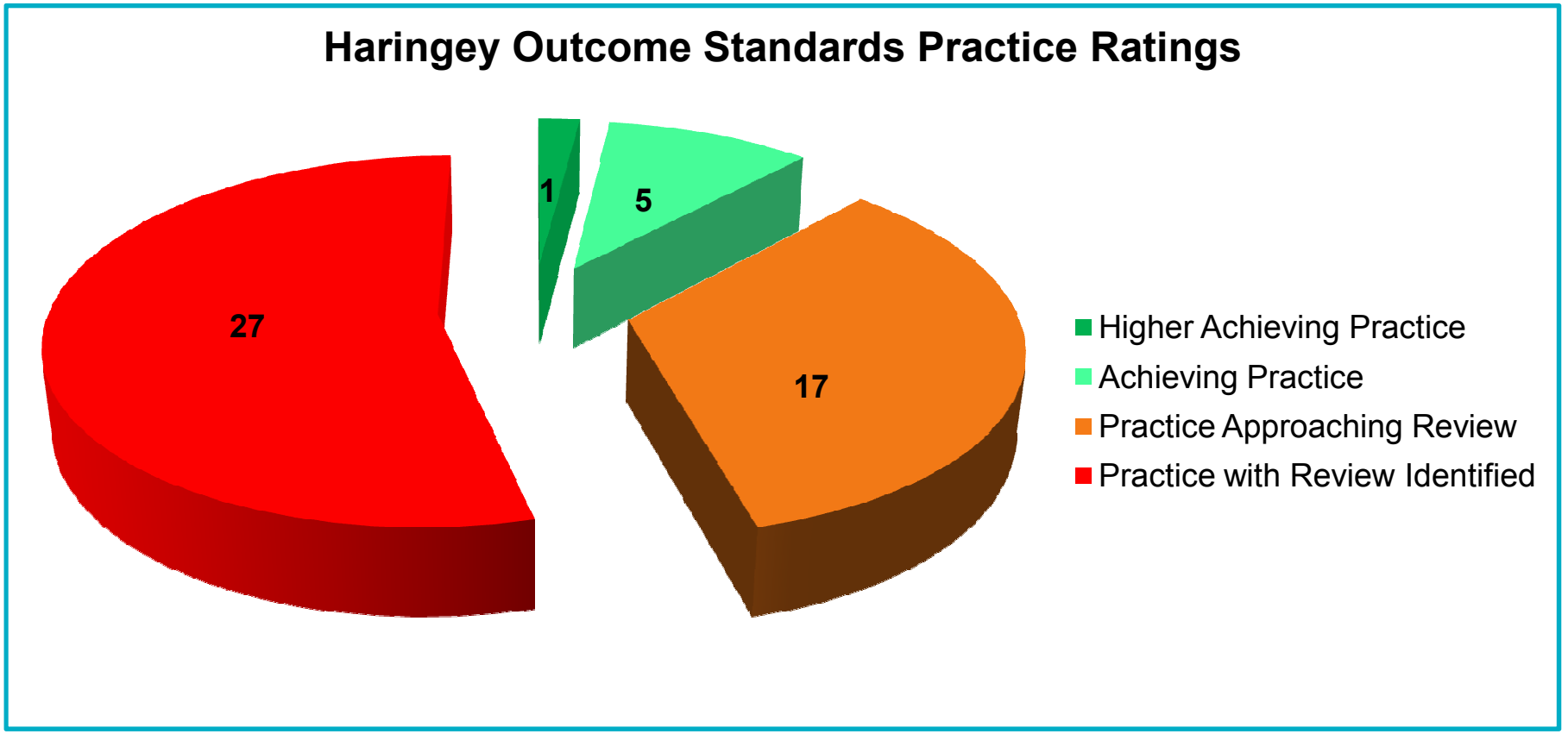
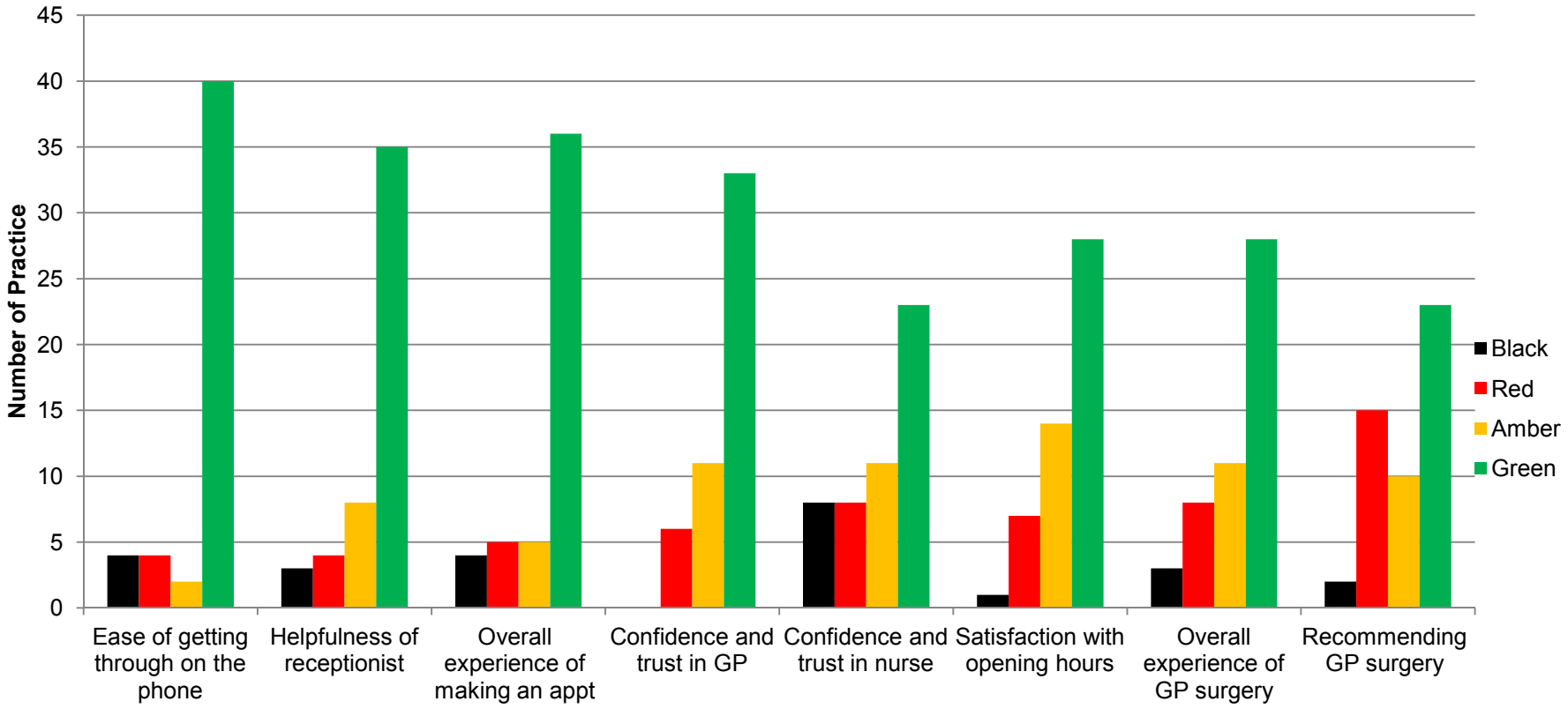

Data for NHS Haringey CCG for Flu Vaccination (Over 65s)
2013-14 (Winter)
125
100
75
50
25
0
-25
Flu Vaccination (Over 65s)
0k
2k
4k
6k
8k
10k
Denominator
Flu Vaccination (Over 65s)
- 2 SEM
+ 2 SEM
Mean
Generated By the Primary Care Web Tool

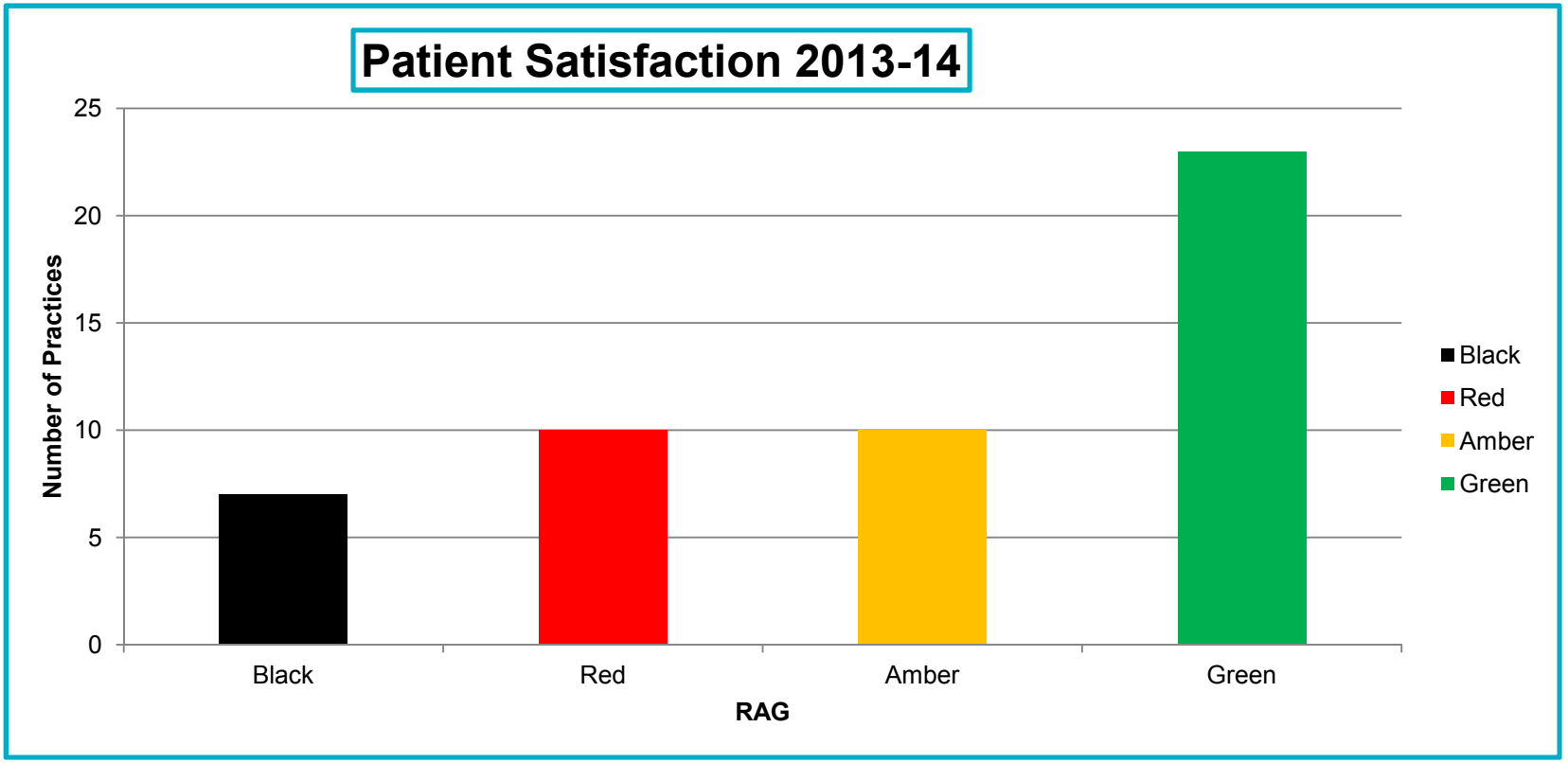
Outcome Standards



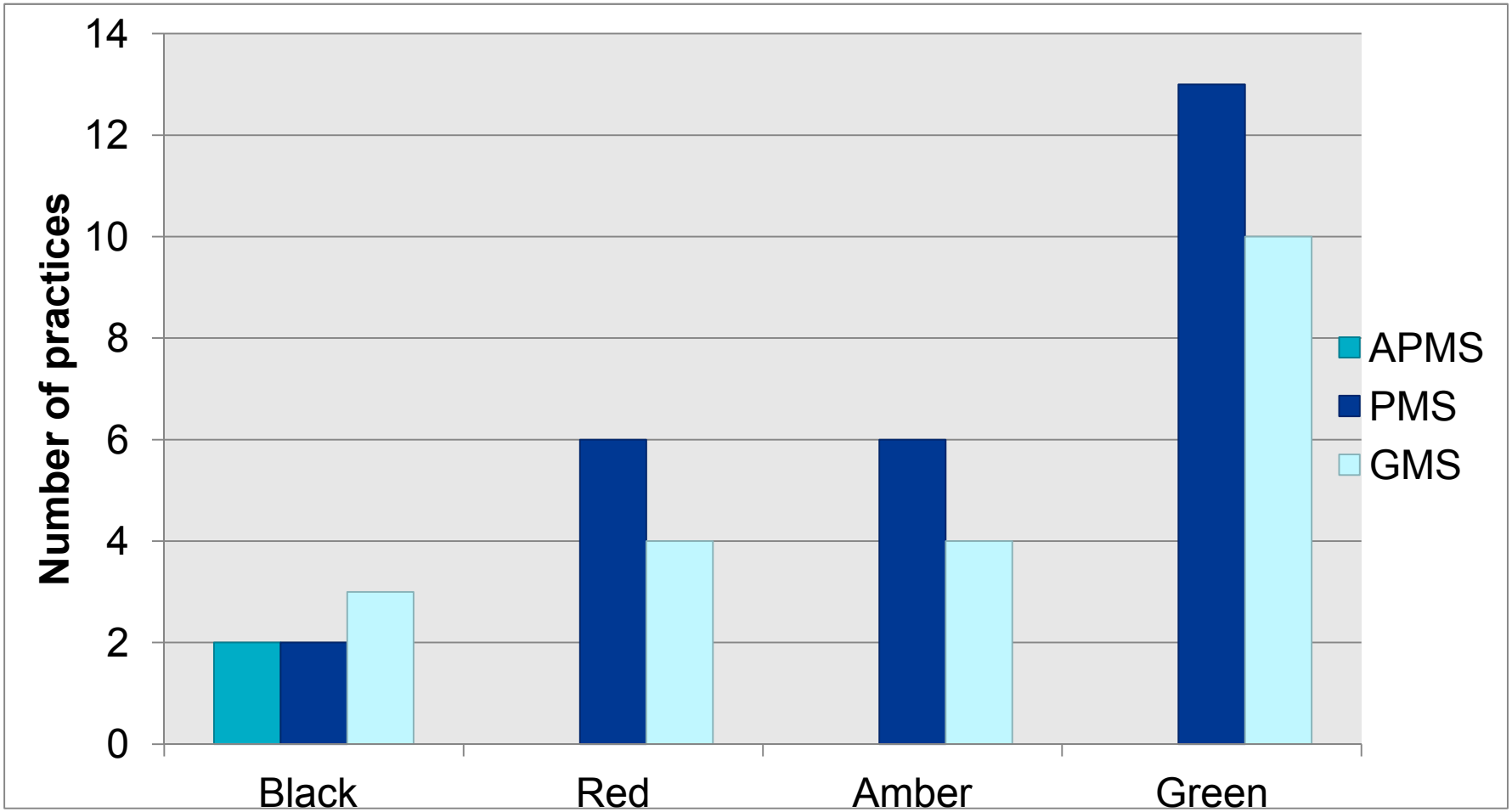
Patient Satisfaction by Question



Patient Satisfaction Results -overall



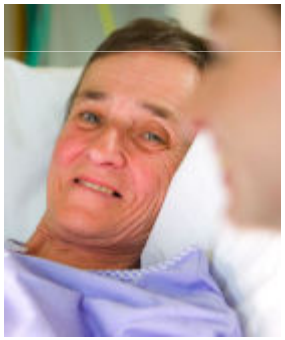
Patient Satisfaction by contract type

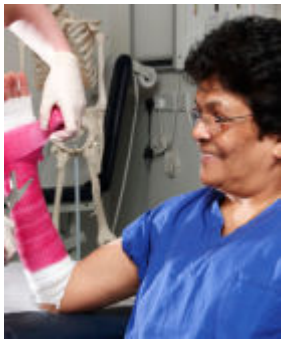


Primary Care Spend per weighted patient

Spend	GMS (pwp)	PMS (pwp)	APMS (pwp)
Capitation (inc KPI / Premiums)	£76.89	£92.65	£103.72
QOF	£9.26	£8.77	£7.79
Enhanced Serv	£6.84	£7.39	£3.49
TOTAL	£92.99	£109.38	£115.00
Total weighted list	110,399	147,694	20,700

Section 3
CONSTRAINTS





Practice Size

- The average list size is low ~5700 compared to national average of 7000 (2011/12 baseline)
- Half of practices have a list size of less than 4,000 the benchmark for practice viability
- There are a high proportion of single-handed practices ~37%
- Small practices are constrained in delivering:

➢ convenient opening times due to smaller workforces

➢ effective / optimal skill mix

➢ sustainability

➢ succession planning

Financial context

- GP contract payments are inequitable due to historic local and national agreement. This is due to minimum practice income guarantee for GMS practices and PMS premiums
- London funding (based on historic commitments) is over target and is being brought in line with national targets
- London commitments remain until historic commitments can be reviewed and made more equitable. This is leading to a growing funding gap
- Nationally we receive growth of 1.17%. This falls short of the expected population growth in London and does not address rising premises costs

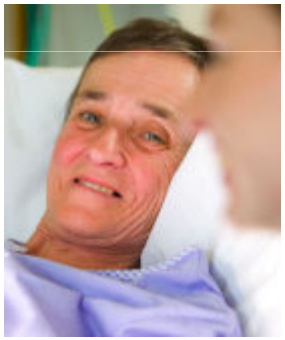
Financial Management

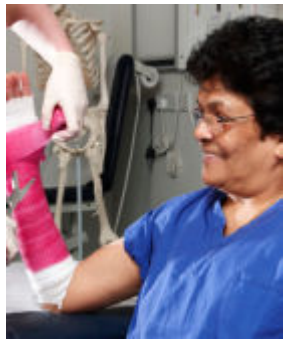
To address inequity and the rising funding gap, NHS England have;

- A QIPP (Quality Innovation Productivity and Prevention) programme in place across London aimed at standardising payments to providers and meeting the funding gap
- Agreed to remove MPIG (Minimum Practice Income Guarantee) payments over a 7 year period and reinvest the saving across all practices. Haringey practices gained overall from this process by £80K pa for the seven years of implementation
- Directed Local Area Team's to review all PMS contracts to bring them in line with GMS contract funding (by March 2017). Haringey practices receive an estimated £2.2m in premium PMS contract payments
- Directed Local Area Team's to offer KPIs /premium payments to all practices equally (by March 2017)
- The impact of the PMS Contract review in Haringey will be significant at a practice and Borough level

Section 4.1

Commissioner Response
2014/15 Initiatives





Response – NHS England Incentives

- Equitable distribution of resources through PMS and MPIG reviews`
- Named GP for over 75's
- Remote care monitoring
- Reducing unplanned admissions ES : improve practice availability, including same-day telephone consultations
- Choice of GP practice. From October 2014, all GP practices will be able to register patients from outside their traditional boundary areas without a duty to provide home visits
- Patient online services
- Extended opening hours
- PMCF Pilots (national and associate)
- Improved patient participation, Friends & Family Test, and practice requirement to react to this

Avoiding Unplanned Admissions ES aims

- provide timely telephone access, via ex-directory or bypass number, to relevant clinicians to support decisions relating to hospital transfers or admissions, in order to reduce avoidable hospital admissions or A&E attendances
- proactively case manage vulnerable patients (both those with physical and mental health conditions) through developing, sharing and regularly reviewing personalised care plans, including identifying a named accountable GP and care coordinator
- improve access to telephone or, where required, consultation appointments for patients identified in this service who have urgent enquiries
- work with hospitals to review and improve hospital discharge processes, sharing relevant information and whole system commissioning action points to help inform commissioning decisions.
- undertake internal reviews of unplanned admissions or readmissions or A&E attendances

Response – Performance Management & Remediation

- Case Management Team -Collates and reviews data on performance to identify practices who are falling below standards across a range of indicators and proactively performance managing the bottom 5%
- Challenge letters: Raising issues direct with practices as a contractual matter
- Meetings with practices and their PPG with/without local councillors
- Contract breaches & sanctions issued
- Remediation plans put in place where appropriate

Response- Local Incentives

- CCG provides clinical leadership and support for practices
- CCG offering incentives to practices in 2014/15 to develop network solutions to key challenges including access to care
- CCG developing strategic plan to improve the quality of primary care and develop integrated primary care networks to support patients with LTC in the community
- CCG strategic plan will address and manage demand for urgent care across the system.

Some CCG's work…

GPs keen to work collectively to improve patient outcomes and experience around access.

All practices received a Practice report and profile which includes bench-marking to their locality, (Haringey) and nationally the patient survey outcomes on access. All practices have developed action plans based on these reports.

CCG-wide audit on access :

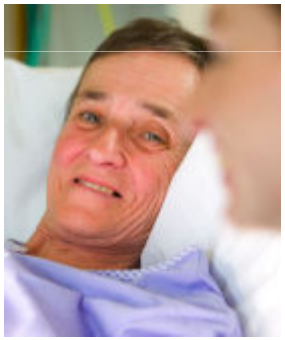
- Uses a clinician to complete a questionnaire with patients who have recently attended A+E to find the reasons for attendance and make a clinically-informed decision on appropriateness
- Looks at practice capacity by looking at the total appointments for the week
- Maps demand by keeping a spread sheet of requests for appointments
- Demand-proofs by a clinician on appointment type, new or follow-up, problem-type and best person to deal with this
- This will allow practices to start to determine the best solutions to meet their patients' demands
- Practices have been invited to put in Innovation bids supporting innovative approaches by practices singly or in groups to address their practice access issues

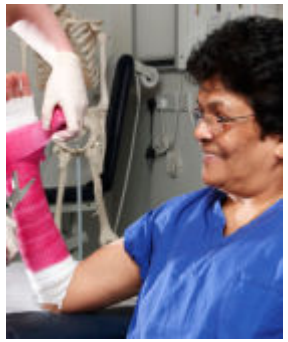
Some CCGs' technology work has included…

- EMIS web across all practices, with Orion system joining up all IT systems across health and social care with data-sharing arrangements already in place. This will both enable localities to look at how they can offer unscheduled care appointments across practices and increase the efficiency of clinical information exchange reducing unnecessary need for follow-up appointments
- Enhanced phone systems that offer more options and allow the boking of appointments when practices are closed
- Extension of the text messaging system which has reduced DNAs
- Remote access through tele-conferencing for all practices commencing with use in the multi-disciplinary team meetings but with the potential to allow remote consulting with HD screens

Section 4.2

Vision & transformation





Primary care strategic plan on a page

NHS England

Vision

Primary care services that consistently provide excellent health outcomes to meet the individual needs of Londoners

Form

Objective One
Co-ordinated Care

Objective Two
Proactive Care

Objective Three
Accessible Care

Function

Objective Four
Collaborative models of delivery

Quality Standards and Outcomes
- Ensuring consistency of service across London
- Performance management

Premises
- Making best use of the assets available
- Borough based strategic planning to inform investment decisions

Workforce
- Commission and maintain a diverse primary care workforce that supports collaborative 24/7 working

Technology
- Joined up working that meets the needs of patients
- Integrated systems and better data sharing

Commissioning and contracting
- Managing the provider landscape
- Redesigning incentives
- Primary care contract that delivers national consistency which enables programme of change in local context

Stakeholder engagement
- Ensuring ongoing engagement of patients, healthcare providers and other key stakeholders in service design and programme of change

Change management
- Organisation design
- Clinicians and organisations collaborating to deliver integrated care for patients

Governance arrangements
- Overseen by the Primary Care Programme Board
- Borough based accountability – via the SPGs?

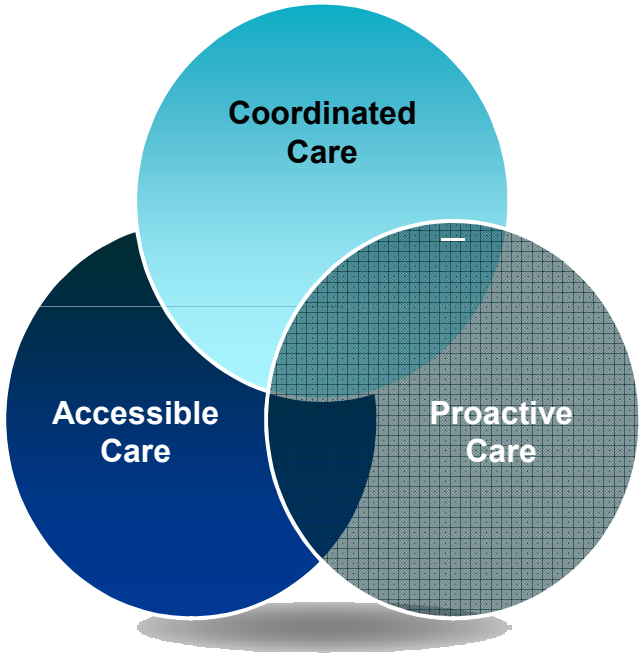
Success criteria
- Enables effective delivery of out of hospital care
- Demonstrable improvement in:
  - Outcome standards across all London CCGs
  - Public confidence in NHS England's ability to address and act upon poor quality (premises, clinicians, systems)
- Ensuring fast, responsive access to care and preventing avoidable emergency admissions and A&E attendances.
- Primary care system that prevents ill health and supports healthy lifestyle choices
- Patients and stakeholders are at the heart of commissioning decisions

High level risks to be mitigated
- Information governance – linking IT systems across different organisations involved in the pathway.
- Engagement with key stakeholders will be crucial to ensuring the success of this strategy
- Finance – investment required to support the transformational change over the next 5-7 years

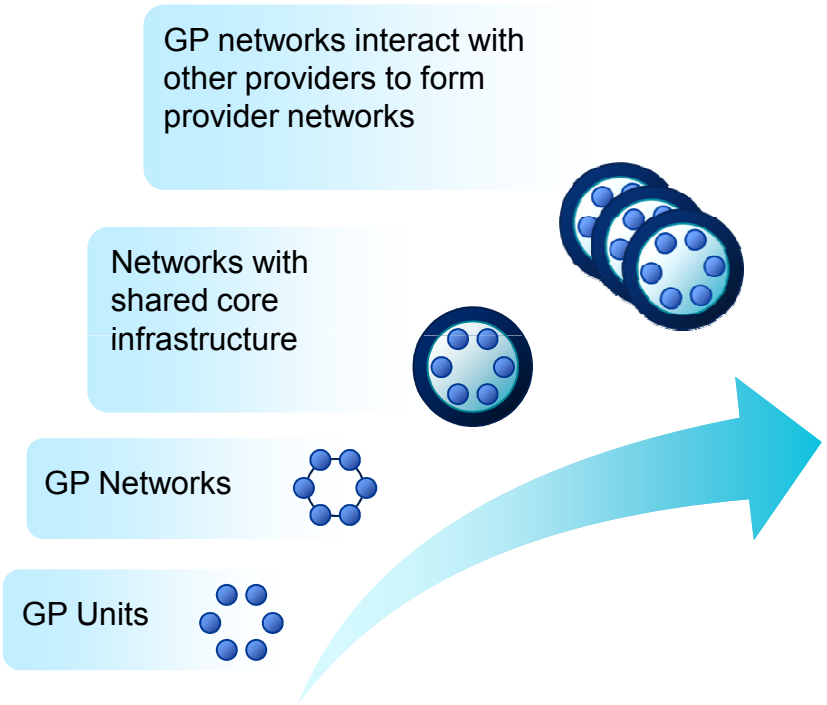
The Vision: How General Practice is changing

NHS England

A Patients tell us they want improvements in



B This will require general practice to work at scale



A The way services are provided will need to change, becoming more centred on users' needs, more accessible both by traditional and innovative routes, and more proactive in preventing illness and supporting health

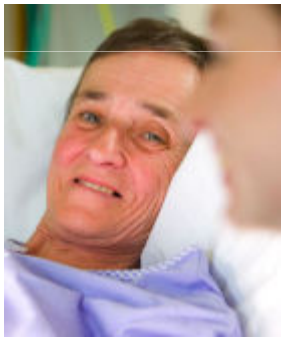
B To enable GP practices to interact as equal partners with other organisations in an integrated health system, they will need to form networks with shared management infrastructure. This change will also facilitate change in service provision

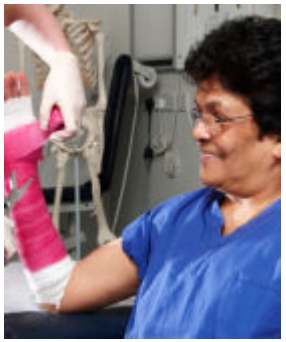
To enable primary care to work better today, a set of standards for general practice is being refined

Category	Standard	Description
Pro-active Care	P1. Co-Design	Primary care teams will work with patients, their families and communities to co-design approaches to improve the health and wellbeing of the local population
	P2. Developing assets and resources for improving health and	Primary care teams will work with others to develop and map the social capital and resources locally that could empower people to remain healthy and to feel connected within their local community.
	P3. Personal conversations focused on individuals' health goals	Where appropriate patients will be asked about their wellbeing, capacity for improving their own health and their health improvement goals.
	P4. Health and wellbeing liaison and information	Primary care teams will enable and assist people to access information advice and connections that will allow them to achieve health and wellbeing. The provision of this health and wellbeing liaison role will extend into schools, workplaces and other community
	P5. Patients not currently accessing primary medical care	Primary care teams working together at scale will design ways to reach patients who do not routinely access services, who may not be registered with a GP practice and who may be at higher risk of ill health, for example those who are homeless, those released from custody or places of detention, in care homes, those with severe mental illness or those who do not take up invitations for screening and vaccinations. Primary care teams will work with their Clinical Commissioning Groups to design ways to reach and care for the unregistered population within the CCG catchment area.
Accessible care	A1. Patient choice	Patients will be given a choice of access options and should be able to decide on the consultation most appropriate to their needs.
	A2. Contacting the practice	Patients will be required to only make one call, click or contact in order to make an appointment. Primary care teams will actively promote online services to patients including appointment booking, prescription ordering, viewing medical records and email.
	A3. Continuity of care	All patients will be registered with a named GP who is responsible for providing an ongoing relationship for care coordination and care continuity. Patients will be able to book an appointment with their named GP (or if they choose other members of the primary care team) up to at least 4 weeks ahead. Practices will provide flexible appointment lengths as appropriate.
	A4. Routine opening hours	Patients will be able to access pre-bookable routine appointments with a primary health care professional (GP, nurse, pharmacist) 8 am – 6.30pm Monday to Friday and 8 am to 12am on Saturdays.
	A5. Same day access for urgent conditions	Patients with urgent conditions will be able to access a consultation with a GP/or appropriately skilled nurse on the same day within routine surgery hours (8am to 6.30 pm Monday to Friday)
	A6. Emergency care	Primary care teams working together at scale will have systems in place to ensure patients receive appropriate care and in appropriate time in the case of emergencies.
	A7. Extended opening hours	Patients will be able to access a primary care health professional (GP, Nurse, Pharmacist, Community Specialist) 7 days per week, 12 hours per day (8am to 8pm) in their local area for immediate, urgent and unscheduled care.
Co-ordinated care	C1. Case finding and review	Primary care teams working together at scale will identify their cohort of patients who would benefit from coordinated care and proactively review them on a continuous basis.
	C2. Care planning	Patients identified for coordinated care will have a care plan, which follows the approach set out in "Delivering Better Services for People with Long Term Conditions – Building the House of Care"
	C3. Patients supported to manage their health and well-being	Primary care teams working together at scale will create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
	C4. Named clinician	Patients identified as needing coordinated care will have a named GP/lead clinician and team from which they routinely receive their care.
	C5. Multi-disciplinary working	Patients identified for coordinated care will receive multidisciplinary reviews. The frequency and range of disciplines involved will vary according to the complexity and stability of the patient and as agreed by the patient/carer.

Section 4.3

Co-Commissioning





Co-Commissioning

The 2013 re-organisation transferred primary care commissioning responsibilities to NHS England, CCGs and PH teams. This has resulted in a need to co-ordinate strategies and plans to ensure that we are not duplicating activities or working at cross purposes.

As each organisation has it's own governance structure this has increased bureaucracy and delayed decision making.

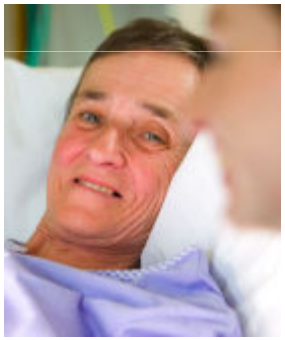
Resourcing and investment decisions are complicated and lack local inputs

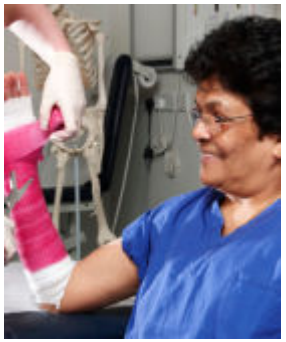
Co-commissioning will establish a joint commissioning governance structure for primary care commissioning with delegated responsibilities from the existing statutory bodies

CCGs in North Central London and NHS England are working together to develop a co-commissioning solution for the area that will align to the Strategic Planning Group

Section 5

Tottenham Regeneration Project





Joint Working

NHS England, LBH and the CCG met to discuss how we can work together to ensure people in Tottenham, including expected population increases, will have access to good quality services in the future.

We agreed to work together to develop a report that will support the case for change and new investment. Each party took away actions.

Proposal to the HWB

- To identify the services that need to be commissioned to deliver good quality services and access to primary care

- To identify the capacity needs and opportunities that exist to deliver these services

- To ensure that identified options are feasible, sustainable and affordable to commissioners and providers

Case for Change Report

Main output	Sub-Products	Potential Leads
Case for Change	Population Demographics including growth and impact of regeneration project	Public Health (PH)
	Practice List Demographics	Local Area Team (LAT)
	Practice Performance data, including Outcome Standards, High Performance Indicators other information relevant to succession planning	LAT
	Patient Feedback Experience information (local and national)	All
	Information from Local and National Strategies relevant to primary care	
Capacity Planning	Quality and capacity of GP Premises	LAT
	Capacity within community based premises developments (existing and planned)	All
	Workforce Assessment	LAT
	New Capacity Requirements & GAP analysis	LAT/CCG/PH
Options	Regeneration, S106, CIL or local authority opportunities	LA
	Reconfiguration /Basic Property Search (optional)	Property Organisations
	Basic feasibility / options appraisal	LAT
Funding	Potential commissioner /stakeholder investment	All
	Outline sustainability model	All